

Indiana State Department of Health

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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 012742 | (X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____ | (X3) DATE SURVEY COMPLETED 10/27/2014 |
| NAME OF PROVIDER OR SUPPLIER RIVERVIEW SURGERY CENTER | | STREET ADDRESS, CITY, STATE, ZIP CODE 1276 NORTH PLAZA DRIVE ROCKPORT, IN 47635 | | |
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| S 000 | <p>INITIAL COMMENTS</p> <p>This visit was for a State complaint investigation.</p> <p>Complaint #IN156000 Substantiated: State deficiencies related and unrelated to the allegations are cited.</p> <p>Survey date: 10/27/14</p> <p>Facility #: 012742</p> <p>Surveyor: Trisha Goodwin, RN BS Public Health Nurse Surveyor</p> <p>QA: cloughlin 01/12/15</p> | S 000 | | |
| S 116 | <p>410 IAC 15-2.4-1 GOVERNING BODY; POWERS AND DUTIES</p> <p>410 IAC 15-2.4-1 (b)(2)(A-D)</p> <p>The governing body shall do the following:</p> <p>(2) Ensure the following:</p> <p>(A) The requests of practitioners, for appointment or reappointment to practice in the center are acted upon, with the advice and recommendation of the medical staff.</p> <p>(B) Reappointments are acted upon at least biennially.</p> <p>(C) Practitioners are granted privileges consistent with their individual training, experience, and other qualifications.</p> <p>(D) This process occurs within a</p> | S 116 | | |

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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

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| S 116 | <p>Continued From page 1</p> <p>reasonable period of time as specified by the medical staff bylaws.</p> <p>This RULE is not met as evidenced by: Based on document review and interview, the governing body (GB) of the center failed to ensure requests of practitioners for appointment/reappointment were acted upon for 5 of 7 medical staff (MS) members (MD#1, MD#2, MD#3, AH#2, & AH#4).</p> <p>Findings:</p> <p>1. Review of MS credential files for physician's MD #1, MD#2, & MD#3 and allied health (AH) AH#2, & AH#4 indicated the following:</p> <p>a. File of MD#1 indicated he/she was granted privileges for one year on 3/15/13. The file indicated he/she submitted a request for privileges on 3/11/14. The file lacked documentation of MS recommendation or governing body (GB) approval of reappointment/privileges.</p> <p>b. File of MD#2 indicated by a check mark in the requested column of the Delineation of Privileges Anesthesia form that a request for privileges was made by MD#2 on 8/25/13, on the same form in the column titled Granted, check marks were included, but the file lacked documentation of MS recommendation or GB approval.</p> <p>c. File of MD#3 indicated privileges were addressed by the MS and by the GB on 5/8/14 by signatures on a form titled Delineation of Privileges, but lacked documentation of MS</p> | S 116 | | |

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| S 116 | Continued From page 2 recommendations by lack of a mark in the boxes titled Approved by Medical Executive Committee: ___Yes ___No and lack of a mark in boxes indicating ___Recommended___Denied___Recommen ded, except number _____. The file also lacked evidence of GB approval by lack of marks on the Delineation of Privileges form in the area titled Approved by Board of Managers: ___Yes___No, and lack of marks in boxes indicated as ___Approved___Denied___Approved, except numbers _____. d. File of AH#1 indicated most recent appointment date as 8/31/12 and privileges were recommended by the MS and approved by the GB on 1/23/13 e. File of AH#2 indicated by a check mark in the requested column of the Delineation of Privileges Anesthesia form that a request for privileges was made by AH#2 on 10/3/13, on the same form in the column titled Granted, check marks were included, but the file lacked documentation of MS recommendation or GB approval. f. File of AH#3 indicated most recent reappointment date as 9/15/13, and indicated the MS recommended and GB approved privileges on 9/15/13. g. File of AH#4 indicated by a check mark in the requested column of the Delineation of Privileges Anesthesia form that a request for privileges was made by AH#4 on 10/18/13, on the same form in the column titled Granted check marks were included, but the file lacked documentation of MS recommendation or GB approval. 2. On 10/27/14 at 4:00pm A2, the business office manager, confirmed the above and no further documentation was provided prior to exit. | S 116 | | |

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| S 156 | Continued From page 3 | S 156 | | |
| S 156 | <p>410 IAC 15-2.4-1 GOVERNING BODY; POWERS AND DUTIES</p> <p>410 IAC 15-2.4-1 (c)(5) (E)</p> <p>Require that the chief executive officer develop and implement policies and programs for the following:</p> <p>(E) Maintenance of current job descriptions with reporting responsibilities for all personnel and annual performance evaluations, based on a job description, for each employee providing direct patient care or support services, including contract and agency personnel, who are not subject to a clinical privileging process.</p> <p>This RULE is not met as evidenced by: Based on document review and interview, the chief executive officer (CEO) of the center failed to ensure annual performance evaluations for 3 of 6 nursing staff members (P2, P4, and P5).</p> <p>Findings:</p> <p>1. Review of the facility policy titled 3.19 Performance Appraisal and Competence Review, effective date 6/25/2012, indicated under Policy: A performance appraisal shall be conducted annually on each employee and/or if there is an identified need. Under Procedure: 2 ...a competency review is to be completed up to one month before but no later than the employee 's anniversary date.</p> | S 156 | | |

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| S 156 | Continued From page 4 2. Review of nursing staff files P2, P4, & P5 lacked documentation of annual performance evaluations. 3. On 10/27/14 at 1:30pm, A2, the Business Office Manager/Acting Administrator, indicated the facility procedure for employee evaluations was that evaluations are to be completed at date of hire anniversary or within one month of that date and at 4:00pm A2 confirmed the above and no further documentation was provided prior to exit. | S 156 | | |
| S 612 | 410 IAC 15-2.5-3 MEDICAL RECORDS, STORAGE, AND ADMIN. 410 IAC 15-2.5-3(c)(1) (c) An adequate medical record must be maintained with documentation of service rendered for each patient of the center as follows: (1) Medical records are documented accurately and in a timely manner, are readily accessible, and permit prompt retrieval of information. This RULE is not met as evidenced by: Based on document review and interview, the facility failed to maintain accurate documentation for 8 of 8 medical records (MR) reviewed (MR#1, MR#2, MR#3, MR#4, MR#5, MR#6, MR#7, & MR#8) Findings: | S 612 | | |

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| S 612 | <p>Continued From page 5</p> <p>1. Review of the facility policy and procedure (P&P) titled IV insertion indicated in #13 under Procedure: Attempt 2 insertions or less, and then request assistance. Document attempts on patients preoperative checklist on chart. The P&P was last revised 7/10/14.</p> <p>2. Medical record review indicated the following:</p> <p>a. MR#1 indicated the patient was admitted to the center on 9/16/14 and had an IV placed during intra-op by MD#3. The MR lacked documentation of the number of attempts made for IV placement.</p> <p>b. MR#2 indicated the patient was admitted to the center on 9/4/14 and had a 22g IV placed in left foot during pre-op by MD#3. The MR indicated four (4) attempts were made for placement by anesthesiologist MD#3, but lacked documentation of request for assistance after 2 attempts.</p> <p>c. MR#3 indicated the patient was admitted to the center on 8/7/14 and had a 20g IV placed in the right hand during pre-op by registered nurse (RN) P7. The MR lacked documentation of the number of attempts made for IV placement.</p> <p>d. MR#4 indicated the patient was admitted to the center on 7/29/14 and had a 22g IV placed in the right wrist during pre-op by RN P4. The MR lacked documentation of the number of attempts made for IV placement.</p> <p>e. MR#5 indicated the patient was admitted to the center on 10/7/14 and had a 22g IV placed in the right antecubital during pre-op by RN P3. The MR lacked documentation of the number of attempts made for IV placement.</p> <p>f. MR#6 indicated the patient was admitted to the center on 9/30/14 and had a 22g IV placed in the right antecubital during pre-op by an RN. The MR lacked documentation of the number of attempts made for IV placement.</p> <p>g. MR#7 indicated the patient was admitted to the</p> | S 612 | | |

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| S 612 | Continued From page 6 center on 10/3/14 and had a 22g IV placed in the left hand during pre-op by RN P7. The MR lacked documentation of the number of attempts made for IV placement. h. MR#8 indicated the patient was admitted to the center on 10/3/14 and had a 22g IV placed in the left hand during pre-op by RN P4. The MR lacked documentation of the number of attempts made for IV placement. 3. On 10/27/14 at 4:00pm A1, RN clinical supervisor, confirmed the above P&P to be a nurse should only attempt twice before getting assistance and that each attempt should be documented as well as location. A1 also indicated it was unlikely that MD3 made all four (4) documented attempts. | S 612 | | |
| S 710 | 410 IAC 15-2.5-4 MEDICAL STAFF; ANESTHESIA AND SURGICAL 410 IAC 15-2.5-4(a)(4) The medical staff shall do the following: (4) Maintain a reasonably accessible hard copy or electronic file for each member of the medical staff, which includes, but is not limited to, the following: (A) A completed, signed application. (B) The date and year of completion of all Accreditation Council for Graduate Medical Education (ACGME) accredited residency training programs, if applicable. | S 710 | | |

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| S 710 | <p>Continued From page 7</p> <p>(C) A current copy of the individual's:</p> <p>(i) Indiana license showing date of licensure and number or available data provided by the health professions bureau. A copy of practice restrictions, if any, shall be attached to the license issued by the health professions bureau through the appropriate licensing board.</p> <p>(ii) Indiana controlled substance registration showing number as applicable.</p> <p>(iii) Drug Enforcement Agency registration showing number as applicable.</p> <p>(iv) Documentation of experience in the practice of medicine.</p> <p>(v) Documentation of specialty board certification as applicable.</p> <p>(vi) Documentation of privilege to perform surgical procedures in a hospital in accordance with IC 16-18-2-14(3)(C).</p> <p>(D) Category of medical staff appointment and delineation of privileges approved.</p> <p>(E) A signed statement to abide by the rules of the center.</p> | S 710 | | |

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| S 710 | <p>Continued From page 8</p> <p>(F) Documentation of current health status as established by center and medical staff policy and procedure and federal and state requirements.</p> <p>(G) Other items specified by the center and medical staff.</p> <p>This RULE is not met as evidenced by: Based on document review and interview, the medical staff (MS) failed to maintain documentation of approved privileges for five of seven MS/Allied Health (AH) files reviewed (MD#1, MD#2, MD#3, AH#2, & AH#4)</p> <p>Findings:</p> <p>1. Review of MS credential files for physician 's, MD #1, MD#2, & MD#3, and allied health (AH) AH#2, & AH#4 indicated the following:</p> <p>a. File of MD#1 indicated he/she was granted privileges for one year on 3/15/13. The file indicated he/she submitted a request for privileges on 3/11/14. The file lacked documentation of MS recommendation or governing body (GB) approval of reappointment/privileges.</p> <p>b. File of MD#2 indicated by a check mark in the requested column of the Delineation of Privileges Anesthesia form that a request for privileges was made by MD#2 on 8/25/13, on the same form in the column titled Granted, check marks were included, but the file lacked documentation of MS recommendation or GB approval.</p> <p>c. File of MD#3 indicated privileges were addressed by the MS and by the GB on 5/8/14 by signatures on a form titled Delineation of Privileges, but lacked documentation of MS</p> | S 710 | | |

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| S 710 | <p>Continued From page 9</p> <p>recommendations by lack of a mark in the boxes titled Approved by Medical Executive Committee: ___Yes ___No and lack of a mark in boxes indicating ___Recommended ___Denied ___Recommen ded, except number _____. The file also lacked evidence of GB approval by lack of marks on the Delineation of Privileges form in the area titled Approved by Board of Managers: ___Yes ___No, and lack of marks in boxes indicated as ___Approved ___Denied ___Approved, except numbers _____.</p> <p>d. File of AH#2 indicated by a check mark in the requested column of the Delineation of Privileges Anesthesia form that a request for privileges was made by AH#2 on 10/3/13, on the same form in the column titled Granted, check marks were included, but the file lacked documentation of MS recommendation or GB approval.</p> <p>e. File of AH#4 indicated by a check mark in the requested column of the Delineation of Privileges Anesthesia form that a request for privileges was made by AH#4 on 10/18/13, on the same form in the column titled Granted check marks were included, but the file lacked documentation of MS recommendation or GB approval.</p> <p>2. On 10/27/14 at 4:00pm A2, the business office manager, confirmed the above and no further documentation was provided prior to exit.</p> | S 710 | | |